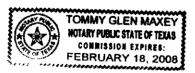
[	NDIDATE / OFFICEHOLI INANCE REPORT	D <b>FR</b> 6391	FORM JC/OH COVER SHEET PG 1
The JC/OH Instruction G	лре explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers) 00021113	2 PAGE # 1 of 31
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST Mr. Charles F.	МІ	OFFICE USE ONLY
NAME	NICKNAME LAST Charlie Baird	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #: 4909 Interlachen Lane Austin, TX 78747	CITY; STATE: ZIP CODE	Date Hand-delivered or Date Postinarked
Change of Address		•	
. •		. •	B
5 CAMPAIGN	MS / MRS / MR F/RST	M:	Receipt # Amount
TREASURER NAME	Mr. Charles F.		Date Imaged
10 un_	NICKNAME LAST Charlie Baird	SUFFIX	Date illiaget
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUI 4909 Interlachen Lane Austin, TX 78747	ITE#: CITY: STATE:	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 233-4955	EXTENSION	
8 REPORT TYPE	January 15 30th day before elec		15th day after campaign treasurer appointment (officeholder only)
	July 15 X 8th day before electi	ion Exceeded \$500 limit	Final report (Attach C/OH - FR)
9 PERIOD COVERED	Month Day Year THRC	Month Day	Year
337225	09/29/2006	10/28/20	06
10 ELECTION	Month Day Year ELECTION TY  11/07/2006 ELECTION TY		General Special
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known District Judge District	ot 299
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER	Direct campaign expenditures are campaign expendidates are required to disclose this information of Name		
INDIVIDUALS			
	Address/PO Box; Apt. / Suite #; City; State:	Zip Code	
additional pages			
	GO ТО	PAGE 2	

#### JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

### FORM JC/OH COVER SHEET PG 2

15 C/OH NAME	-		6 ACCOUNT # (Ethics Commission Filers)
17 NOTICE FROM POLITICAL	may have been mad	otice of political expenditures by political committees to support the calle without the candidate's or officeholder's knowledge or consent. Candif they receive notice of such expenditures	
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAVE	
	GENERAL	COMM-TTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
additional pages			
		COMM-TTEE CAMPA.GN TREASURER ADDRESS	
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	, , ,
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 14,294.42
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$50 OR LESS. UNLESS ITEM	\$ 27.04
	4. TOTAL	POLITICAL EXPENDITURES	\$ 9442.53
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST REPORTING PERIOD	\$35997.97
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	* 0.00
19 AFFIDAVIT			



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said

to certify which, witness my hand and seal of office.

L	OTHER THAN PLEDGE	S OR LUAN	S (JUDICIAL	-)		
ļ	The Instruction Guide explains how to con	nplete this form.		1 PAGE# Sched	lule: 1/22 Report: 3/31	
2	FILER NAME Baird, Charles F. (Mr.)		3 ACCOUNT#	(Ethics Commission filers) 00021113		
4	Date 5 Full name of contributor Alfini, James		AC(ID#	)	7 Amount of contribution (\$)	
	10/08/2006 6 Contributor address; 3928 Southwestern Houston, TX 77005	City; State; Zip Code			\$100.00	
8	Contributor's principal occupation Law Faculty		9 Contributor's job title Law Faculty			
10	Contributor's employer/law firm STCL	11 Law firm of contributor's spouse (if any)				
12	If contributor is a child, law firm€f parent(s) (i	. •				
13	In-kind contribution  Check if in-kind contribution for travel ou complete boxes 15-21. Otherwise, comp	14 In-kind description (if applicable)				
15	Name of person(s) traveling on whose behalf	the travel was accepted (	attach additional pages	if necessary)		
16	Departure city / location	18 Destination city / location 19 Arrival dat				
20	Means of transportation	21 Purpose of travel				
4	Date 5 Full name of contributor Arnold, Gene	AC(ID#	_)	7 Amount of contribution (\$)		
	10/04/2006 6 Contributor address; City; State; Zip Code 10905 Olympia Fields Loop Austin, TX 78747				\$250.00	
8	Contributor's principal occupation Retired		9 Contributor's job title Retired			
10	Contributor's employer/law firm Retired		11 Law firm of contributor's spouse (if any)			
12	If contributor is a child, law firm of parent(s) (if	any)	•			
13	In-kind contribution  Check if in-kind contribution for travel out complete boxes 15-21. Otherwise, comp		14 In-kind description	on (if applicable)		
15	Name of person(s) traveling on whose behalf	the travel was accepted (	attach additional pages	if necessary)		
16	Departure city / location	17 Departure date	18 Destination city /	location	19 Arrival date	
20	Means of transportation		21 Purpose of trave	<u> </u>		

SCHEDULE	Α (	J)	١
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_	OTHER THAN PE	-EDGE	OR LOAN	5 (JUDICIAL	- <i>)</i>		
	The Instruction Guide explains	how to comp	elete this form.		1 PAGE# Scheo	dule: 2/22 Report: 4/31	
2	FILER NAME Baird, Charles F	. (Mr.)	•		3 ACCOUNT#	(Ethics Commission filers) 00021113	
4	Date 5 Full name of Ballard, Joe		out-of-state P/	AC(ID#	)	7 Amount of contribution (\$)	
	10/05/2006 6 Contributor a 7715 Tisdal Austin, TX	e Dr	ity; State; Zip Code			\$100.00	
8	Contributor's principal occupation Govt Attorney	1		9 Contributor's job title Govt Attorney			
10	10 Contributor's employer/law firm Texas Workforce Commission -			11 Law firm of contributor's spouse (if any)			
12	12 If contributor is a child, law firm of parent(s) (if any)			.•			
13	13 In-kind contribution  Check if in-kind contribution for travel outside Texas and complete boxes 15-21. Otherwise, complete box 14 if applicable.			14 In-kind description (if applicable)			
15	15 Name of person(s) traveling on whose behalf the travel was accepted			attach additional pages	if necessary)		
16	Departure city / location		17 Departure date	18 Destination city /	location	19 Arrival date	
20 Means of transportation			21 Purpose of travel				
4	Date 5 Full name of Byrne, Dani		out-of-state P		)	7 Amount of contribution (\$)	
	10/13/2006 6 Contributor at 36 Sundown Austin, TX	n Parkway	ity; State; Zip Code			\$100.00	
8	Contributor's principal occupation Attorney			9 Contributor's job Attorney	title		
10	Contributor's employer/law firm Fritz Byrne and Head LLP			11 Law firm of contributor's spouse (if any)			
12	If contributor is a child, law firm of	parent(s) (if a	ny)	-			
13	In-kind contribution  Check if in-kind contribution to complete boxes 15-21. Other			14 In-kind description	on (if applicable)		
15	Name of person(s) traveling on w	hose behalf th	e travel was accepted (a	attach additional pages	if necessary)		
16	Departure city / location		17 Departure date	18 Destination city /	location	19 Arrival date	
20	Means of transportation		· · · · · · · · · · · · · · · · · · ·	21 Purpose of trave	<u> </u>	I	

### P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL) SCHEDULE A (J)

	The I INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 3/22 Report: 5/31		
2	FILER NAME	Baird, Charles F. (Mr.)			3 ACCOUNT#	(Ethics Commission filers) 00021113
4	Date	5 Full name of contributor Collins, Warren L Jr	_	AC(ID#		7 Amount of contribution (\$)
	10/13/2006	6 Contributor address; C 1100 Guadalupe Street Austin, TX 78701	City; State; Zip Code			\$2,000.00
8	Contributor's p Attorney	rincipal occupation		9 Contributor's job title Attorney		
10	10 Contributor's employer/law firm Minton Burton Foster and Collins PC			11 Law firm of contributor's spouse (if any)		
12	If contributor is	a child, law firm of parent(s) (if a	Ry)			. •
13	13 In-kind contribution  Check if in-kind contribution for travel outside Texas and complete boxes 15-21. Otherwise, complete box 14 if applicable.			14 In-kind description	n (if applicable)	-
15	Name of perso	n(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages	if necessary)	
16	16 Departure city / location 17 Departure date		17 Departure date	18 Destination city / location 19 Arrival da		19 Arrival date
20	Means of trans	portation		21 Purpose of travel		
4	Date	5 Full name of contributor Cooke, Mike	out-of-state P/	AC(ID#	)	7 Amount of contribution (\$)
	10/06/2006	6 Contributor address; C 11132 Pinehurst Austin, TX 78747	ity: State: Zip Code			\$100.00
8	Contributor's pa Retired	rincipal occupation		9 Contributor's job title Retired		
10	Contributor's el Retired	mployer/law firm		11 Law firm of contributor's spouse (if any)		
12	If contributor is	a child, law firm of parent(s) (if a	ny)	<u> </u>		
13	In-kind contribu	· · · ·		14 In-kind description	n (if applicable)	
	Check if ir complete	n-kind contribution for travel outsi boxes 15-21. Otherwise, complet	de Texas and e box 14 if applicable.		<del></del>	
15	Name of person	n(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages	if necessary)	
16	Departure city	/ location	17 Departure date	18 Destination city /	location	19 Arrival date
20	Means of trans	portation		21 Purpose of travel		· · · · · · · · · · · · · · · · · · ·

#### 1-800-325-8506

Texas Ethics Comm	nission P.O. Box 12070	Austin, Texas 78	711-2070	(512)	463-5800	1-800-325-850
	CAL CONTRIBUTE THAN PLEDGES		S (JUDICIAL	.)	SCHEDU	JLE A (J)
The I NSTRUCT	юм Guide explains how to comp	olete this form.	<del></del>	1 PAGE# Sche	edule: 4/22 R	eport: 6/31
2 FILER NAME	Baird, Charles F. (Mr.)			3 ACCOUNT#		mmission filers) 21113
4 Date	5 Full name of contributor Donisi, John	Out-of-state P	AC(ID#_	)	7 Am	nount of bution (\$)
10/03/2006	6 Contributor address; C 1316 Kenwood Ave Austin, TX 78704	City; State; Zip Code				\$250.00
8 Contributor's p Attorney	principal occupation		9 Contributor's job t Attorney	itle		
10 Contributor's e Drenner Gol	employer/law firm den Stuart Wolff LLP		11 Law firm of contri	butor's spouse (if an	y)	
12 If contributor is	s a child, law firm of parent(s) (if a	any) - 🖻	1	· • • •		. •
☐ complete	ution n-kind contribution for travel outsi boxes 15-21. Otherwise, comple on(s) traveling on whose behalf th	te box 14 if applicable.	14 In-kind description attach additional pages			
16 Departure city	/ location	17 Departure date	18 Destination city /	location	19	Arrival date
20 Means of trans	sportation	1	21 Purpose of travel		1	
4 Date	5 Full name of contributor Dowling, Ralph	out-of-state P	AC(ID#	)		nount of ibution (\$)
10/06/2006	6 Contributor address; C 4720 Interlachen Lane Austin, TX 78747	City; State: Zip Code				\$609.94
8 Contributor's p	principal occupation	h + 1470-10-10-10-10-10-10-10-10-10-10-10-10-10	9 Contributor's job Investor	title	•	
10 Contributor's e Dowling and	employer/law firm Co. Consultants		11 Law firm of contri	butor's spouse (if an	ıy)	
12 If contributor is	s a child, law firm of parent(s) (if a	nny)			<del> </del>	
	ution n-kind contribution for travel outsi boxes 15-21. Otherwise, comple		14 In-kind description Reception	n (if applicable)		
15 Name of person	on(s) traveling on whose behalf th	e travel was accepted (	attach additional pages	if necessary)		
16 Departure city	/ location	17 Departure date	18 Destination city /	location	19	Arrival date
20 Means of trans	sportation	<u> </u>	21 Purpose of travel	<del></del>		

#### POLITICAL CONTRIBUTIONS SCHEDULE A (J) OTHER THAN PLEDGES OR LOANS (JUDICIAL) The Instruction Guide explains how to complete this form. 1 PAGE # Schedule: 5/22 Report: 7/31 (Ethics Commission filers) Baird, Charles F. (Mr.) 2 FILER NAME 3 ACCOUNT# 00021113 Date 5 Full name of contributor out-of-state PAC(ID# 7 Amount of contribution (\$) Evans, Jon 10/05/2006 \$250.00 Contributor address: City: State: Zip Code 806 West 11th St Austin, TX 78701 Contributor's principal occupation Contributor's job title Attorney Attorney 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) . Self 12 If contributor is a child, law firm of parent(s) (if any) 13 In-kind contribution 14 In-kind description (if applicable) Check if in-kind contribution for travel outside Texas and complete boxes 15-21. Otherwise, complete box 14 if applicable. 15 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) 16 Departure city / location 17 Departure date 18 Destination city / location 19 Arrival date 20 Means of transportation 21 Purpose of travel 4 Date Full name of contributor out-of-state PAC(ID# 7 Amount of contribution (\$) Fagerberg, R Patrick 10/18/2006 \$200.00 Contributor address; City; State; Zip Code 507 W 10th Street Austin, TX 78701 Contributor's job title Contributor's principal occupation Attorney Attorney 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) Self 12 If contributor is a child, law firm of parent(s) (if any) 13 In-kind contribution 14 In-kind description (if applicable) Check if in-kind contribution for travel outside Texas and complete boxes 15-21. Otherwise, complete box 14 if applicable. 15 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) 16 Departure city / location 17 Departure date 18 Destination city / location 19 Arrival date 20 Means of transportation 21 Purpose of travel

		CAL CONTRIBUT		S (JUDICIAL	<b>.)</b>	SCHEDULE	A (J)
	The Instruction	ON GUIDE explains how to comp	plete this form.		1 PAGE# Sche	dule: 6/22 Report	8/31
2	FILER NAME	Baird, Charles F. (Mr.)			3 ACCOUNT#	(Ethics Commissi 0002111	•
4	Date	5 Full name of contributor Galton, Eric	uut-of-state P	AC(ID#	)	7 Amount contribution	of
	09/29/2006	6 Contributor address; C 8132 Jester Blvd Austin, TX 78750	City; State; Zip Code				\$100.00
8	Contributor's p Attorney	rincipal occupation		9 Contributor's job title Attorney			
10	Contributor's employer/law firm     Lakeside Mediation Center			11 Law firm of contr	butor's spouse (if any	y)	
12	! If contributor is	a child, law firm of parent(s) (if a	any) . ▶				. •
13		ution n-kind contribution for travel outs boxes 15-21. Otherwise, comple		14 In-kind description	n (if applicable)		
15		n(s) traveling on whose behalf th	<del></del>	attach additional pages	if necessary)		
_			1	·			
16	Departure city	/ location	17 Departure date	18 Destination city /	location	19 Arriv	/al date
20 Means of transportation 21 Purpose of travel							
4	Date	5 Full name of contributor Jorge G. Pineda and As	out-of-state Pa	AC(ID#	)	7 Amount contribution	
	10/15/2006	6 Contributor address; C 2211 S IH 35 Suite 107 Austin, TX 78741	City; State; Zip Code				\$150.00
8	Contributor's pr	incipal occupation		9 Contributor's job	title		
10	Contributor's er	mployer/law firm		11 Law firm of contr	butor's spouse (if any	<b>(</b> )	
12	If contributor is	a child, law firm of parent(s) (if a	iny)	1			
13	In-kind contribu	ition	<del> </del>	14 In-kind description	n (if applicable)		
		kind contribution for travel outsi ooxes 15-21. Otherwise, complet					
15	Name of persor	n(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages	if necessary)		
16	Departure city /	location	17 Departure date	18 Destination city /	location	19 Arriv	/al date
20	Means of trans	portation	<u> </u>	21 Purpose of travel			

SCHEDULE A	L) /	I)
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OIIIL	R THAN PLEDGE	3 OK LOAN.	3 (JUDICIAI	- <i>J</i>		
The Instruc	TION GUIDE explains how to com	plete this form.		1 PAGE# Schee	dule: 7/22 Report: 9/31	
2 FILER NAM	E Baird, Charles F. (Mr.)			3 ACCOUNT#	(Ethics Commission filers) 00021113	
4 Date	5 Full name of contributor Kralj, Elliot	out-of-state P			7 Amount of contribution (\$)	
10/03/2000	6 Contributor address; 3809 Gaines Ct Austin, TX 78735	City; State: Zip Code			\$1,418.46	
8 Contributor's Public Polic	principal occupation by Analyst		9 Contributor's job Public Policy A			
	Contributor's employer/law firm     Kralj Consulting Inc			11 Law firm of contributor's spouse (if any)		
12 If contributor	is a child, law firm of parent(s) (if a	any) .	•		-	
	ibution f in-kind contribution for travel outs to boxes 15-21. Otherwise, comple		14 In-kind description	on (if applicable)		
15 Name of per	son(s) traveling on whose behalf th	ne travel was accepted (	attach additional pages	if necessary)		
16 Departure ci	ty / location	17 Departure date	18 Destination city	location	19 Arrival date	
20 Means of tra	nsportation		21 Purpose of trave	ıl		
4 Date	5 Full name of contributor Kralj, Nick	Out-of-state P	AC(ID#_	)	7 Amount of contribution (\$)	
10/03/2006	6 Contributor address; 0 1220 Colorado Ste 110 Austin, TX 78701	City: State; Zip Code			\$1,418.46	
8 Contributor's Consultant	principal occupation		9 Contributor's job Consultant	title		
10 Contributor's Nick Kralj II	employer/law firm nvestments		11 Law firm of conti	ributor's spouse (if any	/)	
12 If contributor	is a child, law firm of parent(s) (if a	any)	, k		<del></del>	
	bution fin-kind contribution for travel outs e boxes 15-21. Otherwise, comple		14 In-kind description	on (if applicable)		
15 Name of pen	son(s) traveling on whose behalf th	ne travel was accepted (	attach additional pages	s if necessary)		
16 Departure cit	y / location	17 Departure date	18 Destination city	location	19 Arrival date	
20 Means of tra	nsportation	<u> </u>	21 Purpose of trave	))	<u> </u>	

Texas Ethics Commission

SCHEDULE A (J	LE A (J)
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	The Instruction	ON GUIDE explains how to comp	olete this form.		1 PAGE# Sched	lule: 8/22 Report: 10/31	
2	FILER NAME	Baird, Charles F. (Mr.)			3 ACCOUNT#	(Ethics Commission filers) 00021113	
4	Date 5 Full name of contributor out-of-state PAC(ID#)  Law Office of Arnold García			7 Amount of contribution (\$)			
	10/18/2006	6 Contributor address; C 504 W 7th Street Austin, TX 78701	City; State; Zip Code			\$500.00	
8	Contributor's p	rincipal occupation		9 Contributor's job	title		
10	Contributor's e	mployer/law firm		11 Law firm of contri	butor's spouse (if any	)	
12	# contributor is	a child, law firm of parent(s) (if a	any)	. •			
<ul> <li>13 In-kind contribution</li> <li>Check if in-kind contribution for travel outside Texas and complete boxes 15-21. Otherwise, complete box 14 if applicable.</li> <li>15 Name of person(s) traveling on whose behalf the travel was accepted to the contribution.</li> </ul>			14 In-kind descriptio				
15	Name of perso	n(s) traveling on whose behalf th	e travel was accepted (	attach additional pages	if necessary)		
16	Departure city	/ location	17 Departure date	18 Destination city /	location	19 Arrival date	
20	Means of trans	portation		21 Purpose of travel			
4	4 Date 5 Full name of contributor out-of-state F Law Office of David Chambers			AC(ID#		7 Amount of contribution (\$)	
	09/29/2006	6 Contributor address; C 1104 Nueces St Ste 202 Austin, TX 78701	City; State; Zip Code			\$217.56	
8	Contributor's pa	rincipal occupation		9 Contributor's job	title		
10 Contributor's employer/law firm			11 Law firm of contributor's spouse (if any)				
12	If contributor is	a child, law firm of parent(s) (if a	iny)	<u> </u>			
13 In-kind contribution  Check if in-kind contribution for travel outside Texas and complete boxes 15-21. Otherwise, complete box 14 if applicable.				14 In-kind description Postage	n (if applicable)		
15	Name of perso	n(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages	if necessary)		
16	Departure city	location	17 Departure date	18 Destination city /	location	19 Arrival date	
20	Means of trans	portation	<u> </u>	21 Purpose of travel			
				1			

Texas Ethics Commission

# **POLITICAL CONTRIBUTIONS**

	UTHER	THAN PLEDGE	5 UK LUANS	S (JUDICIAL	-)		
	The Instruction	ON GUIDE explains how to comp	elete this form.		1 PAGE# Schedule: 9/22 Report: 11/3		
2	FILER NAME	Baird, Charles F. (Mr.)			3 ACCOUNT#	(Ethics Commission filers) 00021113	
4	Date	5 Full name of contributor Law Office of Sandra C		AC(ID#	)	7 Amount of contribution (\$)	
	10/23/2006	6 Contributor address; C 902 Rio Grande Austin, TX 78701	ity; State; Zip Code			\$1,000.00	
8	Contributor's p	rincipal occupation		9 Contributor's job	title		
10	Contributor's e	mployer/law firm		11 Law firm of contr	ibutor's spouse (if any	)	
12	! If contributor is	a child, law firm of parent(s) (if a	ny)	. •			
13		ution h-kind contribution for travel outsi boxes 15-21. Otherwise, complete		14 In-kind description	on (if applicable)		
15	Name of perso	n(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages	if necessary)		
16	Departure city	location	17 Departure date	18 Destination city /	location	19 Arrival date	
20	Means of trans	portation		21 Purpose of trave	İ		
4	Date	5 Full name of contributor Law Offices of Charles E			)	7 Amount of contribution (\$)	
	10/18/2006	6 Contributor address; C 600 W 13th Street Austin, TX 78701	tity; State; Zip Code			\$350.00	
8	Contributor's p	rincipal occupation		9 Contributor's job	title		
10	Contributor's e	mployer/law firm		11 Law firm of conti	ibutor's spouse (if any	()	
12	! If contributor is	a child, law firm of parent(s) (if a	ny)	1			
13		ution n-kind contribution for travel outsi boxes 15-21. Otherwise, comple		14 In-kind description	on (if applicable)		
15	Name of perso	n(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages	if necessary)		
16	Departure city	/ location	17 Departure date	18 Destination city	location	19 Arrival date	
20	Means of trans	portation	<del>                                     </del>	21 Purpose of trave	·		

SCHEDULE A (J)
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OTTEN THAN PELDG	LO OIL EOMI	יאוסומסטן ס	- <i>i</i>	<del>.</del>	
The Instruction Guide explains how to c	omplete this form.		1 PAGE# Sche	edule: 10/22 Report: 12/31	
2 FILER NAME Baird, Charles F. (Mr.)			3 ACCOUNT#	(Ethics Commission filers) 00021113	
4 Date 5 Full name of contributo Law Offices of Charl  10/20/2006 6 Contributor address; 600 W 13th Street Austin, TX 78701	PAC(ID#		7 Amount of contribution (\$) \$150.00		
8 Contributor's principal occupation		9 Contributor's job	title		
10 Contributor's employer/law firm		11 Law firm of conti	ributor's spouse (if any	")	
12 If contributo▶is a child, law firm of parent(s)	(if any)	. •			
13 In-kind contribution  Check if in-kind contribution for travel of complete boxes 15-21. Otherwise, contribution on whose behaviors.	nplete box 14 if applicable.	14 In-kind description			
16 Departure city / location	17 Departure date	18 Destination city	/ location	19 Arrival date	
20 Means of transportation		21 Purpose of trave	al		
4 Date 5 Full name of contributo Law Offices of Conra 10/13/2006 6 Contributor address; 18 West Main Street Bellville, TX 77418	ad Day  City; State; Zip Code		)	7 Amount of contribution (\$) \$250.00	
8 Contributor's principal occupation		9 Contributor's job	title		
10 Contributor's employer/law firm	11 Law firm of contributor's spouse (if any)				
12 If contributor is a child, law firm of parent(s)	(if any)				
13 In-kind contribution  Check if in-kind contribution for travel of complete boxes 15-21. Otherwise, con		14 In-kind description	on (if applicable)		
15 Name of person(s) traveling on whose beha	alf the travel was accepted (	attach additional pages	s if necessary)		
16 Departure city / location	17 Departure date	18 Destination city	location	19 Arrival date	
20 Means of transportation		21 Purpose of trave	le	·	

Texas Ethics Commission

SCHEDULE ${\sf A}$ (	J)	
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	The Instruction	ON GUIDE explains how to comp	plete this form.		dule: 11/22 Report: 13/31	
2	FILER NAME	Baird, Charles F. (Mr.)			3 ACCOUNT#	(Ethics Commission filers) 00021113
4	Date	5 Full name of contributor Law Offices of Edward N		AC(ID#	)	7 Amount of contribution (\$)
	10/05/2006		City; State; Zip Code			\$150.00
8	Contributor's p	rincipal occupation		9 Contributor's job	title	
10	Contributor's ea	nployer/law firm -		11 Law firm of contr	butor's spouse (if any	<b>(</b> )
12	if contributor is	a whild, law firm of parent(s) (if a	iny)	. •		
	Complete I	ntion  -kind contribution for travel outsi boxes 15-21. Otherwise, complein(s) traveling on whose behalf the	te box 14 if applicable.	14 In-kind description		
16 Departure city / location 17 Departure date				18 Destination city /	location	19 Arrival date
	Doparturo ony ,	iodaion.	Tr Bepartare date	Desiration day.	10001011	10 / Millian Gale
20 Means of transportation			21 Purpose of travel			
4 Date 5 Full name of contributor out-of-state F Law Offices of Gabriel Gutierrez Jr			AC(ID#	)	7 Amount of contribution (\$)	
	10/02/2006	6 Contributor address; C 61 N IH 35 Austin, TX 78702	city; State; Zip Code			\$200.00
8	Contributor's pr	incipal occupation		9 Contributor's job	title	
10	10 Contributor's employer/law firm			11 Law firm of contributor's spouse (if any)		
12	If contributor is	a child, law firm of parent(s) (if a	ny)	<u> </u>		<del> </del>
13	13 In-kind contribution  Check if in-kind contribution for travel outside Texas and complete boxes 15-21. Otherwise, complete box 14 if applicable.			14 In-kind description	n (if applicable)	
15	Name of persor	n(s) traveling on whose behalf th	e travel was accepted (a	ettach additional pages	if necessary)	
16	Departure city /	location	17 Departure date	18 Destination city /	location	19 Arrival date
20	Means of trans	portation		21 Purpose of trave		

SCHEDULE $A(J)$
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	The Instruction	ON Guid∈ explains how to comp	olete this form.		1 PAGE# Sche	dule: 12/22 Report: 14/31
2	FILER NAME	Baird, Charles F. (Mr.)			3 ACCOUNT#	(Ethics Commission filers) 00021113
4	5 Full name of contributor  out-of-state PAC(ID#		- <del>- 1</del>	<del></del> -	7 Amount of contribution (\$)	
	10/18/2006	6 Contributor address; C PO Box 42436 Austin, TX 78704	City; State; Zip Code			\$125.00
8	Contributor's p	rincipal occupation		9 Contributor's job	title	
10	Contributor's e	mployer/law firm -	-	11 Law firm of contri	butor's spouse (if any	()
12	If contributor is	a child, law firm of parent(s) (if a	nny)		. •	
13		ution -kind contribution for travel outsi boxes 15-21. Otherwise, complet		14 In-kind descriptio	n (if applicable)	
15	15 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
16	Departure city i	location	17 Departure date	18 Destination city /	location	19 Arrival date
20 Means of transportation			21 Purpose of travel			
4	Date			AC(ID#	_)	7 Amount of contribution (\$)
10/05/2006 6 Contributor address; City; State; Zip Code 316 W 12th Street Suite 101 Austin, TX 78701					\$100.00	
8	Contributor's pr	incipal occupation		9 Contributor's job	title	
10	10 Contributor's employer/law firm			11 Law firm of contri	butor's spouse (if any	<i>(</i> )
12	If contributor is	a child, law firm of parent(s) (if a	ny)			
13	In-kind contribu	tion -kind contribution for travel outsi poxes 15-21. Otherwise, complet	de Texas and le box 14 if applicable.	14 In-kind descriptio	n (if applicable)	
15	Name of persor	n(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages	if necessary)	
16	Departure city /	location	17 Departure date	18 Destination city /	location	19 Arrival date
20	Means of trans	portation		21 Purpose of travel		

SCHEDULE	<b>A</b> (	J)
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The Instruction	N Guide explains how to comp	elete this form.		1 PAGE# Schedule: 13/22 Re		
2 FILER NAME	Baird, Charles F. (Mr.)			3 ACCOUNT#	(Ethics Commission filers) 00021113	
4 Date 10/10/2006	5 Full name of contributor Law Offices of Keith Tar 6 Contributor address; C	•			7 Amount of contribution (\$) \$100.00	
10/10/2000	3900 Manchaca Road Austin, TX 78704	my, State, Zip Sode			<b>\$100.00</b>	
8 Contributor's pri	incipal occupation		9 Contributor's jo	b title		
10 Contributor's en	nployer/law firm		11 Law firm of con	tributor's spouse (if any	)	
12 If contributor is a	a child, law firr# of parent(s) (if a	ny)		. •		
Complete b	-kind contribution for travel outsi poxes 15-21. Otherwise, complete	te box 14 if applicable.	14 In-kind descript		***	
15 Name of person	n(s) traveling on whose behalf th	e travel was accepted (	attach additional page	es if necessary)		
16 Departure city /	location	17 Departure date	18 Destination city	/ location	19 Arrival date	
20 Means of transp	portation	J	21 Purpose of trav	rel		
\$ Date	5 Full name of contributor Law Offices of Lopez an	out-of-state Pd Urrutia	AC(ID#	)	7 Amount of contribution (\$)	
10/18/2006	6 Contributor address; C 801 W Oltorf Street Austin, TX 78704				\$250.00	
8 Contributor's pri	incipal occupation		9 Contributor's jo	b title		
10 Contributor's em	nployer/law firm		11 Law firm of con	ntributor's spouse (if any	)	
12 If contributor is a	a child, law firm of parent(s) (if a	ny)	<u> </u>			
	tion -kind contribution for travel outsi oxes 15-21. Otherwise, complet		14 In-kind descrip	tion (if applicable)		
15 Name of person	n(s) traveling on whose behalf th	e travel was accepted (	attach additional page	es if necessary)		
16 Departure city /	location	17 Departure date	18 Destination city	// location	19 Arrival date	
20 Means of transp		<u> </u>	21 Purpose of trav			